Project Name

| CHECK LIST FOR: Installation, Testing & Commissioning of Wet Chemical Fire Suppression System for Kitchen Hoods (Installation) | | | | | | Ref. No: Rev. No: 0 Page : 1 of 1 | | |
|--------------------------------------------------------------------------------------------------------------------------------------|---|------|----------|------------|------|-----------------------------------------|------|--|
| SUBCONTRACTOR | X | | CONTRAC | CTOR |] | | | |
| SECTION OF WORK: MECHANICAL LOCATION | | | | • | | | | |
| LEVEL: | | | WIR No.: | | | | | |
| STAGE | | ITEM | | Checked by | | Checked by | Date | |
| | | | | s/c | CONT | CONSU LTANT | | |

| SETTING OUT | Check Layout | | | | | | | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|-------------------------------|--|-------|-------|--|
| | Check Leve | l, elevations & dista | | | | | | |
| MEP/CIVIL | Check for S | ervices Clearances | | | | | | |
| INSTALLATION | Check materials are as per approved material submittal. | | | | | | | |
| | com | ck that all ec ponents has bee lled, piped & ancho | | | | | | |
| | Check that size of pipe/ ducts is per approved drawing. | | | | | | | |
| | inst | ck that the levels alled pipes are as p p drawing. | | | | | | |
| | | ck that all joints perly and are clean. | | | | | | |
| | inst app | ck the type, allation of Cylinder roved installation o ommended by the n | | | | | | |
| | 7. Check the installation of Control Head & Control Valve Assembly. 8. Check all installation of Remote Release Pull Station. 9. Check Fusible Links Rating & are properly fitted with enough clearances. 10. Check type of all nozzles and are positioned properly. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| For S/C QA/QC: Date: | | FOR CONT. Date: QA/QC: | | For CONSULTANT Date: Rep.: | | | | |
| Name: Sign: | | Name: Sign: | | Name: | | Sign: | Sign: | |
| | | | | | | | | |